Episode 140:
What Happened To You? Part Three: Moral Injury (Transcript)

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Hi, welcome to Into the Fold, the Mental Health Podcast. I'm your host, Ike Evans, and today we're delighted to bring you episode 140, What Happened To You? Part Three: Moral Injury. But first, some mental health headlines. We have just published a new grantee story highlighting the success of the BHOLD Collaborative, one of the five rural community collaboratives that were built with the support of the Hogg Foundation's Wellbeing in Rural Communities Grant Initiative. You can read about how the community of Brooks County, Texas has developed a robust and inclusive community collaborative that reflects the county's diverse and historically underrepresented population, and where residents are finding inspiring and effective ways to support and strengthen their mental health and wellbeing. You can get the full story by visiting our website, H-O-G-G.utexas.edu, and under the What We Do section at the top, clicking Success Stories. It'll be the first one that you see.

In Texas News, according to a recent story in ABC News, mental health experts say that Texas's patchwork mental healthcare system leaves millions of rural residents without access to care and that stopgap funding won't fix the systemic issues that plague the Lone Star State. Our own Alison Mohr Boleware, policy director, is quoted as saying, "There is a big difference between mental health spending and mental health access. We're a huge state and we may be spending a lot on mental health, but that doesn't mean access is the same in every community."

And finally, it results from a recent listener poll. For the month of October, we asked our listeners to tell us what they thought about what seems like the unprecedented willingness of people to share their traumas openly. It's been a theme during these last few episodes that we've done. And the results were that 87% think that it's great that more people are making their past trauma and vulnerability known, 1% thinks that it cheapens the word trauma for so many people to be rushing to embrace it, it kind of seems like a bandwagon, and then

12% think that the trauma sharing trend is cringey at times, but it does more good than harm. Thanks to all the listeners who participated.

So don't be left out of the loop. Subscribe to Mental Health Headlines on the Hogg Foundation website. Get the latest mental health news right in your inbox. Our last episode was the second in our series, What Happened To You? To explain, we are looking at trauma, at both the individual and community level. For example, that voice you heard was from Dr. Bruce Perry who co-authored along with Oprah Winfrey, the book, What Happened To You? Conversations on Trauma Resilience and Healing, published in 2021 and a New York Times bestseller. COVID-19 has been a generational trauma. As we've been able to document on the podcast, we've talked about children's grief.

That was Laura Olague of Children's Grief Center of El Paso, a Hogg foundation grantee. For this episode, we're looking at the traumatic impact of COVID on healthcare workers through the lens of a concept known as moral injury. It refers to the trauma that can result when a person is forced by circumstance into making incredibly hard choices, such as those in war time or during a pandemic that conflict with their own deeply held beliefs. Under-resourced and overwhelmed, healthcare providers throughout the pandemic have had to make triage decisions that have literal life and death consequences. What does it do to a person to decide who lives and who dies?

For this conversation, we're going to start with Dr. Robert Prentice, professor of Business Ethics at the McCombs School of Business at the University of Texas at Austin, but we will soon bring in Read Pierce of Dell Medical School for the healthcare provider point of view. Okay, Robert, thank you so much for... we're excited to have you on the podcast today. Welcome.

Dr. Robert Pren...: It's my pleasure.

Ike Evans: I first learned about you through the Ethics Unwrapped blog. You are a professor at the McCombs School. For our listeners, what is a good working definition of moral injury?

Dr. Robert Pren...: There's no universally accepted definition of moral injury, but the most popular one probably comes from a couple of doctors who study this stuff, Brett Litz and Bill Nash, and their definition is that moral injury is the lasting psychological, biological, spiritual and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. We all have moral codes, we all have moral standards that are important to us, and when we see those transgressed, violated, either we do it ourselves or we see someone else do it, it can cause great moral distress to us. Moral injury, also known as moral harm, is most commonly associated with war time and all the violence that comes from that, but it's been identified not only in soldiers but also police officers and reporters, teachers, health professionals and other types of folks.

Ike Evans: Joining us now is Dr. Read Pierce, Professor of Internal Medicine at Dell Medical School. You just heard Robert Prentice there giving his thoughts on moral injury. How did what he had to say jive with your own experience?

Dr. Read Pierce: So I really enjoyed the conversation that you were having with him. I think the science that he described definitely fits with my lived experience. So as he talked about, this idea of moral injury really first came up in the context of war and military conflict, but we've seen examples of this I think in healthcare and in the healing professions for a long time. We didn't necessarily have the same name for it 10 or 20 or 30 years ago compared to the name that we have now, which is moral injury, but we know that there are lots of instances where people who are in caregiving professions may face the kinds of conflicts between their own moral compass and what's being asked of them or situations they're put in. And that was definitely true during the COVID-19 pandemic where the level of moral distress and I think moral injury experienced by everyone who was out there caring for patients with COVID-19 was extraordinarily high.

Ike Evans: And being, for example, an ER doctor or nurse has always been stressful and it's a mainstay of dramatic television, to the point of cliche, people rushing around, stat. How much did the pandemic change things?

Dr. Read Pierce: I think the pandemic has changed things in an extraordinary fashion and in some ways we're just starting to recognize that. So I agree with you. There are lots of parts about taking care of people who are very sick, that have always been stressful. There's time urgency. There may be lack of clarity about what is causing someone to be in the emergency department or be in the hospital or be in a surgery or the intensive care unit, and so that creates its own kind of pressure. Do we have the right diagnosis? Are we give the right kind of treatment? The degree of complexity that is at play when you're at this really intense emotional human intersection of medical science and technology, lots of different tools and techniques, we need many, many people trying to coordinate care for another human being that creates its own stress as well.

But historically, there's been usually a pretty high degree of alignment between what we're trying to accomplish, taking care of another human being, and the values of the people who are participating in that activity. Most people went into the healing professions because they wanted to help other people, and the majority of the work, I think, felt concordant with that moral compass or that set of values. When the pandemic came along, we found a lot of values that people carried into work every day in direct tension with the experiences they were having. So people, for example, are dedicated in the healing professions to taking care of others. We also, as individual human beings tend to want to be safe in our work and take care of ourselves or at least that physical safety, and that was very much in question.

Some of that was because we didn't know exactly what degree of exposure to COVID-19 might put people at risk, we didn't know exactly in the beginning how to take care of ourselves, protect ourselves, but there were institutional or

societal decisions. For example, many health systems said, "We have a lot of N95 respirators, but we're not sure if we're going to have enough, so we're going to not hand those out to our employees in the early weeks." The CDC thinks we could probably get away with a regular surgical mask. We're not totally sure that the science says that's true. So, "We're going to tell our employees there's this new policy that you can wear a surgical mask and we think you're safe enough," and suddenly you're in this situation where the things you need to do your job, the rules that are at play, are directly in tension with one of your personal values.

Dr. Robert Pren...: The way I look at it is there are basically two types of conduct, each with a subcategory, that cause moral injury, and this comes from a broad range of research. Moral injury really wasn't recognized until the early 1990s, but especially in the last decade, there have been lots of people researching it and they've got different ways of categorizing it, but the way I like to think of it is that there are two basic categories. First is self-related events where the cause of the moral injury comes from acts of the person who suffers the moral injury, and then there are two subcategories there. The first type of self-related event is acts of commission, when people have done something that is inconsistent with their moral code. For example, a high percentage of soldiers coming back from Afghanistan and Iraq when queried will report that they killed civilians while they were over there, sometimes accidentally, sometimes intentionally, sometimes because they were ordered to do so. That can haunt them and cause moral injury.

Or a non-military example, in 1986, engineers at Morton Thiokol were convinced to change their initial opinions that no launch should occur and they okayed the launch of the space shuttle Challenger in January of 1986 even though conditions were very cold and the solid rocket boosters that they had designed had never been tested in temperatures that cold. Well, it blew up, it killed everyone aboard, as you remember from your history books, several of the engineers immediately and for the rest of their lives suffered symptoms of moral injury traceable to that decision. The second type of self- related event are acts of omission, when people should have done something according to their own moral code, but failed to do so. Again, couple of examples. An American convoy in Iraq was ambushed. A tanker began leaking fuel and it caught fire. A National Guard officer ordered his troops to drive away as the leaking fuel engulfed Iraqi civilians who were bystanders of these events. He's been haunted by his failure to stop to help the civilians, many of whom died in that fire.

Ike Evans: And so, is moral injury enough of a part of the curriculum for medical students or is it just considered something that each person kind of just has to go through at some point?

Dr. Read Pierce: This is a great question. I was in a meeting with some of our faculty earlier this morning here at UT where we were having a version of this conversation and I would say my answer is it is not in any way sufficiently covered in the

curriculum. We spend a lot of time in our health sciences curricula thinking about human biology and physiology, the underpinnings of modern medicine, training people with skills and techniques to take care of other human beings to make a diagnosis, to treat a condition, talking about medications and surgeries and how those things work. We spend a fair amount of time now on things like communication and teamwork and even team leadership, health policy, health finance, these things influence the system of care.

But we know from national data that we don't really talk about the emotional experience of the people who are doing the training and subsequently end up in the healing professions doing that work and one statistic through which we've seen that is burnout, which we've been measuring for about 15 years systematically in the United States, and if you look at the rate of people who are experiencing what we call burnout in healthcare, it's something like 50 or 60% among medical students who are graduating and going on to the next step of their training. We measured this nationally among all physicians in the country in 2021, so the second year of the pandemic, it was 62% of all physicians reporting some symptom of burnout.

Now burnout's not the same thing as moral injury per se, but it's clear in the literature now that moral injury can be a precursor to burnout. And a lot of these experiences where people have the underlying stress and anxiety that you referenced earlier because the job is challenging, plus if they're learners, they're new to it, so now I'm in the position of being a student and I'm not sure how to do this, that adds stress and anxiety. You put that then in the context of experiences of moral injury and people graduate with a lasting form of burnout that's unfortunately part of the profession.

I think many of the more progressive schools around the country are starting to think about this, not only how prevalent is it, but what do we do about it? Are there things that we can give to our students early in their professional training that protects them from these experiences, or at least gives them a way to make sense of it and to cope with it in a healthier fashion? And then there's a lot of emphasis in the country right now on what are we doing for people who have finished training, who probably came out of training with a pretty high degree of some of these symptoms we're talking about and now had a COVID pandemic experience and need to be rescued. And that's going to be, I think a key curriculum, so to speak, for professional societies across the country for the next couple of decades in addition to medical schools and other training programs where people are still learning how to do the craft of medicine and nursing and pharmacy.

Ike Evans: Moral injury seems like the sort of concept that would have come up before in the history of ethics, even if it's not always gone by that name, even going back to antiquity, I would think. It's been a while since I've taken a philosophy class. I took a few. What prior teaching in ethics, either your own or just out in the field, might be helpful to those struggling with this?

Dr. Robert Pren...: Your intuition is correct. I haven't taken a philosophy class for a very long time myself, but it turns out that 2,500 years ago, Sophocles wrote a play that featured military moral injury as kind of its key point. And if you look through the history of both military history and philosophy books, both philosophers and military leaders have struggled with what they didn't call moral injury at the time, but what we would call moral injury today throughout the last 2000 centuries. And it's just weird... or last 2000 years, but it's really just weird that not until Jonathan Shay put a label on it in nearly 1990s did it start getting focused research by academics in a broad range of fields.

Ike Evans: Okay, I'll take a swing at it. Was it Agamemnon?

Dr. Robert Pren...: It was Sophocles and it was not Agamemnon, and...

Ike Evans: Was that a Sophocles?

Dr. Robert Pren...: It may have been. Again, long time since I took a philosophy class.

Ike Evans: I'm going to be mad at myself if I'm wrong about that.

Dr. Robert Pren...: In my briefcase over here, I can come up with a name for you, but I don't have it off the top of my head.

Ike Evans: Okay.

Dr. Robert Pren...: But yeah, it was Sophocles writing Philoctetes.

Ike Evans: Philoctetes, okay. Anyway, that was quite a sidebar, but thank you.

Dr. Robert Pren...: You bet.

Ike Evans: And are there any more generally effective treatments for moral injury?

Dr. Robert Pren...: Well, again, remember I'm not a mental health professional, but I've done a lot of reading, especially over the last week or so, and I think it's widely recognized that there's no currently defined best way to treat moral injury. There are lots of people working on it, lots of new therapies that are being created and being tested. A lot of those involve modifications of therapies for PTSD that have worked to varying degrees. But in the great scheme of things, there's nothing that looks like a magic bullet in any way, shape or form. Group therapy is popular, although I have read stories of individuals who suffered moral injury who said just having a deep conversation with the person I'm thinking of was a vet who had served in the Vietnam War in a deep conversation with another vet who had served in the war, they talked for like four hours about their feelings and kind of got it all out there. I think the key thing is to try to make sense of your story, to try to be able to put it in your own words what has happened to you.

And he said that conversation cured him of moral injury. But more commonly, people think that group therapy is a better way to go. One point of view is that a therapist should serve as just kind of a guide and get a group of veterans together who suffer moral injury and get them talking and telling each other their stories. And that viewpoint is that only other veterans can give the forgiveness to a person that can help him let go of his guilt and his shame and his moral injury. Other people believe that you need to bring in civilians as careful ethical listeners to hear the stories of the vets and their point of view is that only civilians, outsiders, can give that forgiveness that helps vets rid themselves of their guilt and their shame. And again, there are clinical trials going on in all these areas now and we hope that they'll come up with better ways to treat than we have had in the past. But only time I think is going to tell whether or not we have...

Ike Evans: Robert answered a question about treatments for moral injury. Let's say outside of his pay grade, he's not a healthcare professional, and so in your experience, what are effective approaches to treating this condition and what makes them effective?

Dr. Read Pierce: So he cited some really interesting science that is evolving. I would say upfront, this is one of those areas of clinical practice where we still don't have all the answers. That's true of a lot of parts of clinical practice. It's certainly an area where I think there have been a lot of advances if you think about what we're doing in mental health and what really works. It's a place where I think there's going to be a lot of new science emerging in the next decade. He talked about a couple of things that make sense when we look at the literature today. So this idea of one-on-one therapy being useful, I think that's going to be a key tool in the therapeutic toolbox. This idea of group therapy, so he had the example of veterans talking to each other and that sense- making process and sort of the forgiveness, the shared forgiveness process, producing a form of healing for those who've experienced moral injury. I think that's also going to be true.

There are a couple of other things that are coming into view now. So there's a whole emerging practice and a really strong scientific foundation around what's called trauma-informed care. So how do you work with trauma and its manifestations in terms of thought patterns and physiologic responses and do a dedicated form of therapeutic interventions to work with trauma in a way that it manifests sort of less pathologically in us as individuals. And so I think a lot of the literature about trauma-informed care is going to apply to moral injury, particularly as we see people recovering from their experiences in the COVID-19 pandemic.

And then the other thing that's been really interesting in medical science, I would say in the last 20 years is that cognitive behavioral therapy, so many times when we've said, "Is cognitive behavioral therapy good for this condition?" It turns out the answer is yes. And so I suspect there's going to be a role for cognitive behavioral therapy. We don't yet know if there are any medications per se. Those studies I think are yet to be done. So there may be a

medication piece to this, but I suspect most of the therapies, so to speak, are going to involve the kinds of things that we've already talked about in this podcast.

Ike Evans: Now that you have written about it and have come on to this podcast, thanks a bunch yet again, how do you see yourself revisiting this topic or going further with it.

Dr. Robert Pren...: Well, as you know, I teach in a business school, and so I do a lot of teaching of business ethics and my reading about moral injury has gotten me thinking about moral injury in the business setting. What popped into my head recently is the fact that, well, just yesterday, Elizabeth Holmes, who founded Theranos and managed to get together almost a billion dollars of investors' investment to launch her idea, which was a machine that with just one drop of blood could run 200 tests and she was going to completely modify and update and revamp American healthcare. It was going to have such an impact and help us in so many ways. And the problem, of course, was that it didn't work and she lied and she lied, and she lied and she lied. And I think about all of the employees who went to work for her on the promise and the hope and their desire to make the world a better place.

And they worked and they worked and lots of them worked their butts off, and then it turns out it was all a fraud. I think they probably suffered moral injury of the type that comes from others' acts. And so I think this is relevant to business and I want to pay more attention to that. I've written about it a little bit in a blog post, but that popped into my head. And also what popped into my head is that I just started reading a book called When McKinsey Comes to Town about the McKinsey Consulting Firm and it turns out they have had, over the years, lots of really sketchy clients, such as the pharmaceutical industry and they helped people get hooked on opioids and the smoke... the tobacco industry, they help people smoke and they got the vaping industry off its feet... off the ground.

And I have just in the past couple of months, had a couple of my former students come to me and say, "I work for McKinsey and I'm starting to get really uncomfortable with what I'm reading about what my firm has done." And I think they're starting to suffer some moral injury. The two that I talk to both intend to leave McKinsey as soon as they can, and I don't want to lambast McKinsey because McKinsey's a well-recognized firm, they've done lots of good work, but they're certainly have not always chosen their clients well. And I think my students have suffered a very mild version of moral injury, but I do think it can take place in the business world as well. And I think that's where my attention...

Ike Evans: Okay, and so a question to you that a key aspect of moral injury is that it's experienced by people caught up in a crisis that the world wants to declare over at some point. And for a lot of people now, the pandemic as we knew it in 2020 and 2021 is a thing of the past. Vietnam and COVID think are pretty good

examples of the phenomenon I'm talking about. Do you think that that adds insult to injury for some?

Dr. Read Pierce: So I would say this phenomenon of, I'll call it a long tail, applies here very clearly, and there are a couple of things to me that are very interesting about it. If you take COVID-19 as an example, I think various parts of society moved on from the pandemic at an uneven pace. So if I rewind to, for example, January of 2021, where our hospitals were overwhelmed with patients who had severe COVID-19 pneumonia, we literally were out of beds, we were worried about running out of ventilators, and this, by the way, was sort of the second or third round of this happening, those of us who are working in hospitals said, "this sure feels a lot like March or April of 2020. The only difference is that we're a little more sure about the kinds of things you wear in the hospital to protect yourself." And most of us in the healthcare workforce have thankfully been vaccinated.

If you were to walk outside in January of 2021, what you saw in terms of people eating in restaurants and spending time in public spaces looked dramatically different than it did in April of 2020 when a lot of people said, "This is scary. I'm going to participate in some sort of reduction of my activity and contact with other people." And so there was this phenomenon of parts of the general public have kind of moved on, they're acting in their public life like COVID is much less of a thing, but to us in the hospital, it feels exactly the same as it did a year ago and it feels like we've made no progress. I know that created a huge amount of cognitive dissonance, of emotional distress, of moral injury for many of us working in healthcare A, because we felt like other people had a chance to start to move on and we couldn't and B, that a number of things that our society had tried to do to mitigate the pandemic were playing out in a way that allowed many people to feel more comfortable living with COVID-19 when in fact we were stuck in this early cycle of stress, anxiety, uncertainty, et cetera.

And so that was really, really hard for the workforce and I think you can look at the pandemic in a lot of other dimensions and see examples where certain people have been able to move on, others haven't and those who haven't been able to move on continue to feel this tension or this distress. So another key example is there's a subset of people who, for whatever reason, have immune systems that are not as strong as the average immune system. Many of them feel like, "I have to be just as careful as I was being two years ago, and I still have to wear a mask and I've got to protect myself and society has moved in a direction where I'm not necessarily treated in a way that supports what I need," and there may be moral injury about that particular facet. So these are examples where I think there can be that lasting sort of moral injury experience or tension, even though the pandemic "is over."

Ike Evans: So heavy topic, but enjoyable conversation. Robert Prentice, we are so glad that you're able to take the time out of your busy schedule to come onto our podcast and talk to us about this. Like a lot of the things that we talk about, it pertains to the mind, but is about also just so many more things. And if longtime

listeners have learned nothing else, at least from my approach to this, it's that I think you only learn so much if you treat the mind as anything other than the very permeable and highly sensitive entity that it is. That's why there isn't as much brain talk, for this being a mental health podcast, as you might think. But that's a monologue for another time. But we really do appreciate it.

Dr. Read Pierce: Well, I enjoyed it a lot, Ike. Thanks very much. Take care.

Ike Evans: Read, I really do appreciate you and Dr. Prentice coming on just to drop some wisdom on us. Thank you very much.

Dr. Read Pierce: Thanks for having me, Ike.

Ike Evans: For closing thoughts, I thought I would hand the mic over to a listener. Anna Cummins of Houston wrote to us in response to the What Happened To You? theme and she had this to say, content warning for this, "I am a 50-year-old female retired police officer, victim advocate, and trauma survivor. As young as seven years old, maybe younger, I was molested, raped, mentally and emotionally, abused, starved, and so much more. Then at 16, I was raped by a so-called friend. And at 17, I was gang raped at gunpoint. I was conceived from a rape when my mother was only 15 years old. My stepdad practiced voyeurism when mom was not around since I was nine years old.

Lastly, I was raped by a doctor during an exam at 40 years old. This is the short and long of my story, and these few words make it seem simple, but in reality, it has been a lifelong battle to recover and attempts to gain control of my mental health and wellbeing. I somehow made it to law enforcement and by the grace of God, I made it 22 years. I just retired this year and I'm now fighting breast cancer. So if I was a stranger reading this bit about me, what I would take from it would be resiliency." Thank you, Anna, for sharing your story with us.

Before we close, one big announcement. The Hogg Foundation is seeking to hire a post-doctoral fellow. The fellow will focus on the intersectionality of racial justice and the drivers of mental health. The fellowship at the foundation is a two year project-based learning opportunity for a recent graduate who wants to apply their knowledge towards community wellbeing in Texas. If you want to know more, visit our website, H-O-G-G.utexas.edu and go to our employment page. It's in the Who We Are section of the top menu. And that does it for this episode. We're so glad that you could join us. If you have comments on anything, feel free to reach out to us intothefold@austin.utexas.edu. We will acknowledge thoughtful comments in a future episode. Production assistance by Anna Harris, Darryl Wickens, and Kate Rooney. Please leave us a review. Subscribe to us on the podcast app of your choice. You can find us on Apple Podcast, Google Podcasts, Spotify, or TuneIn. Taking us out now is Anna's good vibes. Thanks for joining us.